·									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									,	(O 7)	ムフ	CAI		
													· ·	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENT		OF	OTHER SMALL		
TO	OTAL CLAIMS		T					RATE		FEE	1	RATE	FEE ·	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE :	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			XS 9:			OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		• .		٠	X43=			OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145:		<u> </u>	OR	÷290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	-		OR	TOTAL	170	
	CLAIMS AS AMENDED - PART II								-			OTHER		
AMENDMENT A	-7-05	(Column 1)		(Columi		(Column 3)	SMALL				OR	SMALL		
	•	CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO	BER JUSLY	PRESENT EXTRA		RATE	_ ⊤	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 7	Minus	-20	_	= /	M	X\$ 9=			OR	XS18=		
	Independent	1.3	Minus	-3		-		X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145=			OR	+290=		
							L	TOTA	T.	<u> </u>		TOTAL		
		,	ADDIT. FE	E L _		JOH ,	ADDIT. FEE							
	•	(Column 1) CLAIMS		(Colum		2) (Column 3)				ADDI-	•		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TI	ONAL FEE		RATE	TIONAL	
	Total	•	Minus	**			1	XS 9=	Т		OR	X\$18=		
	Incependent	•	Minus	***		8	 	X43=	+		Ī	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 		╫		OR			
								+145=			OR	+290=		
	•	•	A	TOTA DDIT. FE	_	لــــــــــــــــــــــــــــــــــــــ	OR ,	TOTAL ADDIT. FEE						
		(Column 1)		(Colum		(Column 3)		. •						
€ L		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	TIC	DDI- ONAL EE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	*		ಕ		X\$ 9=			OR	X\$18=		
	Independent	•	Minus	***	•	=		X43=	T		OR	X86=		
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		or	<u>·</u>		
A Mithe course in each man to be been the control of control of the control of th											+290=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR A	TOTAL DDIT. FEE		
		mber Previously Paid ber Previously Paid								riate box	in colu	ımn 1,		